PEER FACILITATOR
Resource Guide

on
HIV/AIDS Awareness

SOCHARA
Community Health
Library and Information Centre (CLIC)
Community Health Cell
~~85/2, 1st Main, Maruthi Nagar, Madiwala~~
Bengaluru - 560 068
Tel (080) 25531518 email clic@sochara.org
www.sochara.org

PEER FACILITATOR

Resource Guide on HIV/ AIDS Awareness

by
Sunita Menon

Design & Printed by Kriti Creative Studio ▪ 9873249374

Contents

Partners of the Program

Breakthrough : Building Human Rights Culture

Breakthrough is an international non profit organization which uses education and popular media to promote public awareness and dialogue about human rights and social justice.

Breakthrough works on several interrelated human rights issues including women's rights, sexual and reproductive health, peace and religious harmony, and racial, ethnic and caste equity. Our education program builds connections across rights issues, focusing on the universality, indivisibility and intersectionality of human rights through media, education materials and internet forums.

Naz Foundation [India] Trust

Naz is a charitable community based organization. It is committed to raising awareness to prevent the spread of HIV and providing support to those living with the virus and those affected by it, with sensitivity and utmost confidentiality.

Through its various programs, Naz advocates the right to non discrimination of people living with HIV. It provides training on sexuality related issues as well as provides counseling services to men who have sex with men and has a home based care and support program for people living with HIV/AIDS. In addition it runs a Care home which serves as a shelter home for HIV positive orphaned children and abandoned women.

Supported by:

Levis Strauss Foundation

The Levis Strauss Foundation is an independent legal entity that provides grants to community-based organizations working to create meaningful social change. Their strategic initiatives range from funding an organization that provides girls in underdeveloped regions of Pakistan access to education to providing resources for Mujeres en Desarrollo, a nonprofit organization in the Dominican Republic that motivates young people to change risky behavior by informing them about HIV/AIDS. The peer facilitation project in Delhi has been supported by Levis Strauss Foundation as part of their corporate social responsibility initiative.

Acknowledgements ...

The ***Peer Facilitator Resource Guide to HIV/AIDS Awareness*** is an adaptation and an Indian version of various training guides for peer educators developed to equip volunteers with skills for sexually transmitted infection (STI) and HIV/AIDS prevention projects.

Many exercises have also been designed and developed by Breakthrough and Naz over the years as part of our work in the field of gender, sexuality and human rights. During that time, scores of people have offered support and assistance in many ways.

Heartfelt thanks to:-

- **Advocates for Youth,** Washington DC, for producing an excellent guide on peer facilitation.
- **Family Health International**, for their training materials for youth on HIV.
- **Minoti Chatterjee** - Principal Kamala Nehru; **Deepali Bhanot** – Coordinator Women's Development Cell - Janaki Devi Memorial College**,** for their active support of the program.
- **Irfan, Pallavi, Kritika from Naz** for their support in training and test run of the exercises.
- The entire **Breakthrough team**, special mentions **Alika Khosla, Urvashi Gandhi**, **Charlotte Lapsansky and Reema Verma** for their inputs and support during designing, facilitation and development of the peer facilitation guide.
- Special thanks to our **peer facilitators** who have been enthusiastically carrying forward the work on prevention of HIV/AIDS, creating awareness and inspiring hundreds of youth on the same. The pilot of the peer facilitation program and all the exercises were conducted with them. They have offered their comments, shared their values, philosophy and opinions with us and reminded us to make the sessions as interactive and participatory as possible. We hope they know how important their contributions have been.

Our peer facilitators listed below who were particularly generous with their time and ideas:

- **Aastha Bajaj**
- **Aniruddha**
- **Arushi**
- **Devika Mallik**
- **Jyotsna**
- **Kamal**
- **Kamya Arora**
- **Kanika**
- **Kopal**
- **Nishtha**
- **Pooja Sikka**
- **Pratibha**
- **Prerana Jaiswal**
- **Rajika Seth**
- **Rashmi**
- **Surabhi Bhalla**
- **Tonushree Basu**
- **Vanita Falcao**
- **Vikas**
- **Yuvika**

Background

In the year 2005, Breakthrough India and Naz Foundation Trust with support from Levi Strauss Foundation launched a path breaking peer facilitation program for HIV/AIDS awareness.

We are giving young adults an opportunity to:-

- Gain knowledge on the issue of HIV/ AIDS.
- Help their peers make safe and responsible decisions about sex.
- To discover themselves - their values, skills and attitudes.
- Use their skills to bring about a positive change by encouraging responsible, rights based, gender sensitive, safer sex issues and behaviors among young adults.
- Improve their leadership, communication and ability to work in teams.
- Have fun.

This program is for dynamic, confident young adults who are sensitive to social issues, and have demonstrated considerable initiative and enterprise.

Naz and Breakthrough is providing intensive training, information, strategic assistance and exposure to youth who are short- listed, equipping them to be active peer facilitators.

Peer Education:

Peer education is widely recognized by the social sector, as a useful and credible way to reach young people with important information. Peers are people who are alike in several respects: age, gender, interests, language, use of time, aspirations and so on.

Peer Education

- Involves peers in communicating HIV prevention information and strategies in ways that can lead to behavioural change;
- Respects the influence peers bring to bear on each other;
- Honors informal education;
- Recognizes that education on HIV, abstinence, condom use, health issues and substance abuse has a better chance of leading to behavioural change when its source is a peer; and
- Focuses on the affinity among peers, especially among vulnerable people who may treat external sources of information with suspicion but are conscious of the solidarity between members of their own group.

The effectiveness of peer educators in reaching their target groups is directly correlated to the quality of training they receive. Hence, the quality of the trainers' education has remained a critical concern to us at Breakthrough and NAZ.

Why target young adults as peer facilitators on the issue of HIV/STI?

Of the over 60 million people who have been infected with HIV in the past 20 years i.e. from 1980-2000, about half became infected between the ages of 15 and 24. Today, nearly 12 million young people are living with HIV/AIDS. Young women are several times more likely than young men to be infected with HIV. Such statistics underscore the urgent need to address HIV/AIDS among youth. Yet the HIV/AIDS epidemic among youth remains largely invisible to adults and to young people themselves.

Why are youth vulnerable?

- Physical, psychological, and social attributes of adolescence make young people particularly vulnerable to HIV and other sexually transmitted infections (STI).
- Adolescents often are not able to comprehend fully the extent of their exposure to risk.
- Societies often compound young people's risk by making it difficult for them to learn about HIV/AIDS and reproductive health.
- Social inexperience along with emotional and economic dependence on others.
- Peers have a huge influence on youth and often encourage risky behaviour.

Introduction to Manual

Jaago, Jaano, Jagaao – Peer Facilitator Resource Guide for HIV/AIDS awareness is a guide to implementing HIV/STI prevention **peer education** program in schools, colleges, AIDS service organizations, and/or community-based organizations working with youth.

This guide is an adaptation and an Indian version of various training guides for peer educators developed to equip volunteers with skills for disseminating awareness on prevention of sexually transmitted infection (STI) and HIV/AIDS.

The guide is intended for trainers who will train peer educators. The trained peer educators will, in turn, be expected to take up the challenge to educate their peers on HIV prevention using the same resource guide. The trainers will facilitate a process for peer educators to engage in self-examination, learn the basics of STIs, HIV and AIDS, improve their communication skills, and plan for peer education. The trainers will be leading peer educators to think and talk – about values attitudes, beliefs, risks, behaviours, sex, sexuality and relationships. Peer educators will learn about their minds and bodies and what they need to do to be aware – and how they can encourage their peers to do the same. Also - *"To teach is to learn twice."* By helping their peers to do the same, peer educators are expected to use the peer education approach to contribute significantly towards lowering the rates of HIV and STIs in their immediate communities.

The guide can assist planners to develop a program tailored to any of many specific settings. Although each school, community, or agency may differ in structure, this manual identifies and covers the key components essential to creating a successful HIV/STI prevention peer education program.

The training component of *'Jaago, Jaano, Jagaao – Peer Facilitator Resource Guide on HIV/AIDS awareness'* is divided into a series of sessions arranged so that the information and the development of skills is build upon previous material. If so planned the program will have meetings lasting three hours or longer, participating youth will be able to complete more than one session in one meeting.

Goals of Training

The overall goal of the training program is to promote positive changes in youth's norms related to sexual behavior to prevent infection with HIV and other STI. Breakthrough and NAZ India works to achieve this goal through peer education to: -

1. Encourage youth to make safe and responsible decisions about when it is right for them to have sexual intercourse.

2. Encourage sexually active youth to practice safer sexual behaviors, including correct and consistent use of condoms.

3. Encourage sexually active youth to limit the numbers of their sexual partners.

4 Reducing or preventing injected drug use and increasing compassion for people infected with HIV or living with AIDS.

In order to achieve these goals, the training focuses on giving members activities and exercises that provide information and build skills.

Key Concepts for the Training

Key concepts emphasized during the training include:

- Any one who engages in unsafe sexual intercourse or injection drug use is at risk of infection with HIV or other STI.
- No one becomes infected with HIV through casual contact, such as touching or sharing food with someone with AIDS or by using telephones, restrooms, or swimming pools that someone with AIDS has also used.
- Youth can virtually eliminate their chance of becoming infected with HIV by abstaining from unprotected sexual intercourse and from injection drug use.
- Youth need skills to resist negative peer pressure.
- Youth who choose to have sexual intercourse should use condoms consistently and correctly at every act of sexual intercourse. These youth should also know alternative ways to express affection and sexuality.
- Youth can effectively reach their peers with HIV/STI prevention education.

Activity A

Bingo - Find Someone Who...

Objective:
To introduce members to each other.

Materials:
A copy of the handout, *Find Someone Who*, for each member.

Time:
20 minutes

Procedure

- Distribute the handout and ask the youth to stand up, move around, and introduce themselves to each other. The goal of this activity is to find someone who will answer "yes" to each question on the handout. Instruct the participants to ask the person who answers "yes" to place her/his signature beside the question. Ask participants to collect as many signatures as possible in 10 minutes.

- After 10 minutes, ask the group to be seated. Conclude, for not more than 10 minutes, with the discussion questions below.

Discussion Questions

1. How do you feel about being in this group?
2. Were any questions hard to ask? If so, which ones? Why?
3. Does this exercise say something about our society? What do you think it says?
4. Did anyone find a person who has had similar / different experiences?

Activity B

Programme Overview

Objective:
To give the participants an overview of the program

Time
10 minutes

Procedure

- Welcome everyone to the program. Introduce yourself and your role in the project as well as any other trainers/peers present. State the goals of Peer Education towards HIV/AIDS awareness and prevention. Emphasize the importance of the members' full participation and their unique role in the development of educational activities.

Activity C

Ground Rules

Objective:
To establish an agreed-upon code of behavior for the group so each member feels safe and able to rely on others in the group.

Materials:
Chart paper, markers, tape, and a suggestion/comment box

Time:
15 minutes

Planning Notes:
Review the recommended ground rules given below.

Procedure
- Explain to the participants that, because they will be discussing sensitive issues, the group should agree to a number of ground rules to create safe atmosphere. Ask the participants to come up with their own list of ground rules that they will agree to observe. List those ground rules on a chart paper.
- Ask youth for clarification when needed, to be sure that everyone understands all the ideas.
- Suggest any of the listed recommended ground rules that you think should also be on the list.
- Keep this list in the room throughout all sessions of the training and refer to it when people are not adhering to the agreed-upon rules. Eventually, the members will begin to remind each other when some behavior breaks the rules and is counterproductive to the group process.

Recommended Ground Rules

1. **Respect** — Give undivided attention to the person who has the floor.
2. **Confidentiality** — What we share in this group will remain in this group.
3. **Openness** — We will be as open and honest as possible, but we won't disclose or discuss others' (family, neighbors, and friends) personal or private issues or lives. It is okay to discuss situations as general examples, but we won't use names or other identification. For example, we won't say, "My older sister did ..."
4. **Nonjudgmental Approach** — We can disagree with another person's point of view or behavior without judging or putting him/her down.
5. **Sensitivity to Diversity** — We will remember that members in the group may differ in cultural background and/or sexual orientation. We will be careful about making insensitive or careless remarks.
6. **Right to Pass** — It is always okay to pass.
7. **Anonymity** — It is okay to ask a question anonymously (using the suggestion or comment box), and the coordinator will respond to all questions.
8. **Acceptance** — It is okay to feel uncomfortable. All of us, young and old, can feel uncomfortable when talking about sensitive and personal topics, including HIV and sexuality.
9. **Have a Good Time** —Peer Education program is also about coming together as a community and enjoying working with each other.

Activity D

Quiz on HIV

Objective:

To gather baseline information on members' knowledge, attitudes, and behaviors related to HIV and AIDS.

Materials:

A copy of the Test. Handout.

Time:

20 minutes

Procedure

- Divide the participants into groups of 4-5 members each or teams of two each depending on the number of participants attending. The facilitator then quizzes them one group at a time. Which ever team gives out the correct answer gains 10 points, wrong answer would deduct 5 points. The facilitator could also ask the participants to explain their stance. The facilitator will find it useful to note any areas in which the group had difficulties and to stress these areas during training or address the problem areas right away.

Variation: - The participants to be given the questionnaire and they have to do the test on their own with the answers to cross check. This can be considered as a pre test before the participants go through the training process.

Activity A

The Circles of Human Sexuality

Objective:
To develop and understand a broad definition of sexuality.

Materials:
Chart papers and markers, board and chalk, peer facilitators resource on *Circles of Sexuality* and *Sexual Development through the Life Cycle, Annexure II*; pens or pencils.

Time:
45 minutes

Planning Notes:
Review the resource *Circles of Sexuality* and draw a large version of it on the chart paper or the board.

Procedure:
- Explain that when many people see the words "sex" or "sexuality," they most often think of sexual intercourse. Others also think of other kinds of physical sexual activities. Tell the group that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who every person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

- Write *sexuality* on the board and draw a box around the letters *s-e-x*. Point out that *s, e,* and *x* are only three of the letters in the word *sexuality*.

- Display the five circles of sexuality. Explain that this way of looking at human sexuality breaks it down into five different components: sensuality, intimacy, identity, behavior and reproduction, and sexualization. Everything related to human sexuality will fit in one of these circles.

- Beginning with the circle labeled sensuality, explain each circle briefly. Take five minutes to read the definition of the circle aloud, point out its elements, and ask for examples of behaviors that would fit in the circle. Write the examples in the circle. Continue with each circle until you have explained each component of sexuality.

- Ask if anyone has any questions. Then conclude the activity using the discussion questions below.

Discussion Questions:
1. Which of the five sexuality circles feels most familiar? Least familiar? What do you think is the reason for the same?

2. Is there any part of these five circles that you never before thought of as *sexual*? Please explain.

3. Which circle is most important for young people to know? Least important? Why?

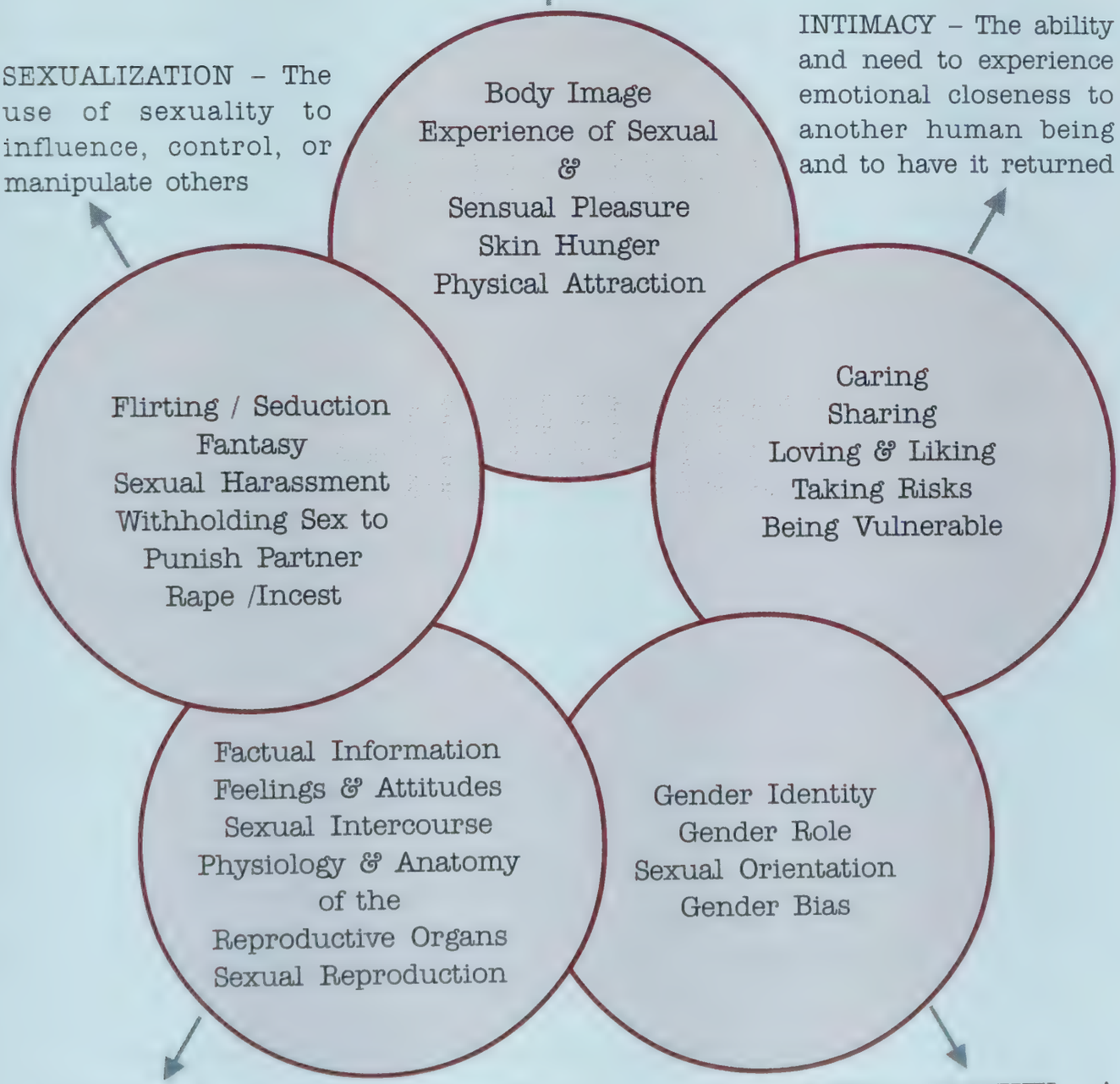
4. Which circle would you feel interested in discussing with your parent(s)/ teachers?

5. Which circle would you feel interested in talking about with someone you are dating?

Peer Facilitator's Resource

Circles of Sexuality

SENSUALITY–Awareness, acceptance of, and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses – touch, taste, feel, sight, and hearing



SEXUALIZATION – The use of sexuality to influence, control, or manipulate others

INTIMACY – The ability and need to experience emotional closeness to another human being and to have it returned

SEXUAL HEALTH and REPRODUCTION – Attitudes and behaviors related to producing children; care and maintenance of the genitalia and reproductive organs; health consequences of sexual behavior

SEXUAL IDENTITY – A sense of who one is sexually, including a sense of maleness or femaleness

Activity A

Values Clarification

Objective:
To state and defend ones personal attitudes and values and to become comfortable listening to opinions different from ones own.

Materials:
Value Statements, chart papers and markers and the Ground Rules that the group agreed on in Session One.

Time:
60 minutes

Planning Notes:
Values education consists of four important steps that help youth to:

- Identify their values
- Feel comfortable sharing their values publicly
- Behave in ways that are consistent with their values
- Respect others' values.

The activities in this session provide opportunities for young people to identify their values and to share them with their peers. This is a very important activity, so allow time for adequate processing.

Values education can be a sensitive area in which to work with anyone of any age. As young people express their values and learn about those of others, they may feel some anxiety or discomfort, and they will look to the coordinator for support. Remind the youth about the ground rules established by the group earlier. These rules should be prominently posted where everyone can see them. Be sure to re-emphasize that the ground rules exist for all group activities, and highlight that:

- Participants have the right to pass on any activity or part of an activity.
- It is okay to disagree with someone but not to judge or put them down.

Procedure:
This activity will give the youth a chance not only to express their individual values but also to discuss the relative merits of different values. You might mention that people who value something and feel good about what they believe are usually comfortable telling other people what they value and normally act according to their values. They do as they say.

- Explain to the group that in this activity they will be asked to express their feelings about particular values.
- Designate three areas of the room to be called "agree", "unsure", and "disagree". You may want to put up signs to indicate the areas.

- Explain to the group that you are going to read several statements and whether one agrees or not can depend on the value one holds. As you read each statement, ask them to think very carefully about how they feel about each statement and then move to a section of the room depending on whether they agree, disagree, or are unsure about that statement. Then ask them to identify what values led to that choice.

- Let them know that you will ask for volunteers to describe how they feel about each statement, since one characteristic of a value is that a person can tell others about it. Emphasize that there are no right or wrong answers, only opinions. Everyone has a right to express his or her opinion, and no one will put down another for having a different value. Be sure to mention that participants have the right to pass if they would rather not take a stand on a particular value. Also, point out that passing is not the same as being unsure. Let everyone know also that she/he can change a stand on any particular value at any time.

- Ask everyone to return to their seats. Conclude with the Discussion Questions below.

Discussion Questions:

1. What did you learn about yourself and others?

2. What values informed your choices?

3. Was it hard to express disagreement with another person's value(s)? Why or why not?

4. Were there times when you felt uncomfortable or unsafe? What helped you stand by your values at that time?

5. Were there any times when you felt unable to stand for your values? When and why do you think that was so?

6. What would support people at times when they feel unable to stand up for a value they believe in?

Value Statements

Here is the list of value statements. Pick 3-5 statements you think will be the most important for the group to discuss.

- Sexual intercourse is appropriate only between married people.
- Birth control should be available to youth without parental consent.
- Gay men are responsible for the HIV/AIDS epidemic in India.
- It should be a crime for anyone infected with HIV to have sexual intercourse without telling her/his sexual partner.
- Postponing sexual intercourse is the only message we should give youth about sexual behavior.
- When a man and a woman have sexual intercourse, contraception should be the woman's responsibility.
- Young woman/man who carries condoms or has them readily available are easy.
- A young women walking alone at night in tight sexy clothing is asking to be raped.
- People living with HIV infection or AIDS should be allowed to work in restaurants and prepare food.
- People with sexually transmitted infections, including HIV, shouldn't be allowed to use public swimming pools.

Activity B

Question Cards

Objective:

- To allow participants to ask questions about HIV/AIDS.
- To provide basic information about HIV/AIDS.

Materials:

Suggestion box, index cards/ post it's and pens/pencils a copy of the handout *HIV/AIDS Summary*.

Time:

60 minutes

Planning Notes:

Most people have heard a great deal about HIV/AIDS, but many are confused by misinformation about transmission. Many people do not believe that HIV will affect them. Others believe they cannot avoid HIV infection. Either attitude can encourages them to engage in risk behaviors. In fact, studies show that many young people take sexual risks.

Be prepared with current HIV facts and information. The *HIV/AIDS Summary* handout will provide a start. However, for current statistics about the cumulative number of AIDS cases, total deaths of persons with AIDS, and numbers of people known to be infected with HIV, contact NACO at www.nacoonline.org or UNAIDS at www.unaids.org for latest information.

Resources within the community can help with answers to questions that make you uncomfortable. Most community based AIDS service organizations have trainers available who can come and answer youth's questions. Be sure to inform the guest speaker before hand that the youth already have questions and that you only want him/her to come and answer them.

Procedure:

- Acknowledge that youth already know much of the information about HIV and AIDS, but say that this is an opportunity to clarify any questions and eliminate confusion.
- Give each participant an index card/ post it and ask her/him to write on it one or more questions about HIV/AIDS. Participants should not write their names on the cards.
- Ask the participants to put their cards in the suggestion box. Say that using a suggestion box is a good way to enable participants to bring up issues that are important to them but are embarrassing to ask about publicly.
- Read the questions from the question cards, out loud to the group one at a time.
- Allow the group to discuss each question and assist the discussion by providing facts and correcting misconceptions as the need arises. Conclude with the Discussion Points below.
- At the end of the session, give each member a copy of the *HIV/AIDS Summary* in annexure to keep for reference.

Discussion Questions:

1. What did you learn that surprised you or was a new learning?

2. What did you learn that will impel you to action? What sort of action?

3. How easy do you think it could be to correct someone else's misinformation about HIV/AIDS? What could make it hard to correct misinformation?

Activity A

Demystifying Reproductive Organs

Objective:

To identify and list male and female genitalia and reproductive systems.

Materials:

A copy of the *Female Genitals, Female Reproductive Organs,* and *Male Genitals and Male Reproductive Organs* enlarged illustrations of each handout, chits of the organs, a copy of *Anatomy and Physiology of Reproduction* Peer Facilitators Resource, stapler, and pens/pencils

Time:

45 minutes

Planning Notes:

Prepare enlarged illustrations of the male and female genitals and reproductive organs for use in Step 4. If you have an overhead projector, you can create transparencies from the handouts.

Review the *Anatomy and Physiology of Reproduction* peer facilitators resource until you feel comfortable with the material. You do not have to be an expert on human reproduction to conduct this activity, but you need to be comfortable with the terminology such as penis, vagina, anus, and sexual intercourse.

Procedure:

- Explain to the participants that you are going to give them a quiz to see how much they actually know about the female and male reproductive systems. Explain that no one will be graded on this quiz and that its purpose is to help the participants to associate genitals and reproductive organs with their functions. Ask the group to work together in pairs. Go over the instructions for the activity:
  - Give participants assorted chits with the correct name of different body parts.
  - You could also use local slang or language if people do not recognize medical terms for a body part.
- Ask the pairs to come up one by one and put in the chits at the appropriate places and explain the organs function.
- After all of the participants have finished, display the enlarged illustration of the Female Genitals handout. Be sure the following points are made:
  - Explain that vulva is the correct term for the female external genitals, even though it is not a familiar term to most people, including adults. Point out that some people believe harmful and negative myths about the female vulva – such as that it is dirty or ugly – and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.

- Go over the individual parts of the vulva, labeling and explaining each. Point out the following:
  - The clitoris is a highly sensitive part of a female's body. Its function is to provide sexual pleasure.
  - The vulva has two openings, each with its own function – the opening to the vagina and the opening to the urethra.
  - The anus is not part of the vulva.
  - A female can see this part of her body by holding a hand mirror between her legs.
- Display the enlarged illustration of the *Female Reproductive Organs* handout. Ask for a volunteer to explain the female reproductive process, beginning with ovulation and ending with the menstrual period. Ask the group to assist if the volunteer runs into difficulty. Be sure the following points are made:
  - When she is born, a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
  - During the years that females menstruate, they release only a small percentage of their ova.
  - During puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.
  - Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.
- Display the enlarged illustration of the *Male Genitals and Reproductive Organs* handout. Ask for a second volunteer to explain the male reproductive process, beginning with sperm production and ending with ejaculation.

Be sure the following points are made:

- A male is born with two round glands called testicles, located in the lower part of his body, near his penis.
- The penis is a highly sensitive part of a male's body, the head of the penis, called the glans is especially sensitive.
- The penis has one opening that performs more than one function – release of urine or release of sperm in seminal fluid.
- At maturity a male's testicles begin to produce and store millions of sperm cells.
- Sperm cells can only be produced at 96.6 degrees – two degrees below normal body temperature.

  The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
- When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
- If ejaculation occurs inside a female's vagina or near its opening, sperm can swim up into the female's Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.

Discussion Questions:

1. Which parts of the male and female anatomy are the same or similar?
   (Possible answers: Both have a urethra and an anus; the clitoris and the glans are similar because they contain many nerve endings and are highly sensitive.)

2. Why do males generally feel more comfortable than females about their genitals?
   (Possible answer: Males can see their genitals and are taught to touch and handle their penis to urinate. Females cannot easily see their genitals and are often discouraged from touching them.)

3. Why is it important to feel comfortable touching your own genitals?
   (Possible answers: (a) Genitals are sources of erotic pleasure, and masturbation is a risk-free way of expressing and experiencing ones sexuality. (b) Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer. (c) Many females use tampons. (d) For both sexes, some methods of contraception require touching the genitals.)

4. Why is it important for youth to understand exactly how and when conception occurs?
   (Possible answers: (a) It is important for youth to know how their bodies function, and how they can stay healthy and (b) Knowing exactly how and when conception occurs is necessary so that they know how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.)

5. Remembering the *Circles of Sexuality* exercise, which aspects of sexuality and sexual expression are ignored or excluded if one focuses only on genitalia and reproduction? What implications does this narrowed focus have for HIV prevention education?

Activity A

Rating Behaviors

Objective:
To identify means of HIV transmission and those behaviors that is safer.

Materials:
A copy of the Peer Facilitator's Resource, *Rating Behaviors*

Time:
30 minutes

Planning Notes:
Review the *Rating Behaviors* in the Peer Facilitator's Resource. Prepare three signs that say "Definitely a Risk", "Probably Not a Risk", and "Definitely Not a Risk." Place the signs in three different places on the room's walls.

Procedure:
Tell participants that this exercise will help them understand which behaviors place people at risk for HIV/STI and which behaviors do not. Read a behavior from the list in the peer facilitator's resource and ask the youth to stand near the sign that reflects what they believe. After each behavior, discuss the following points:

- Why is this behavior risky or not risky?
- How do we know that casual contact does not spread HIV/STI?
- What behaviors still need additional research? If a risk is uncertain, how can a person decide about that behavior?
- How can people prevent transmission?
- Conclude with the Discussion Points below.

Discussion Points:
1. How important do you feel it might be to change the focus on youth's sexual behavior from one that focuses on sexual intercourse to one that focuses on sexual expression? Why?

2. What impact could this have on activities you design for your peers or on what you share with your friends circle?

Optional Activities:
Have the group brainstorm a list of safe and safer sex guidelines for young adults. Remember to emphasize the broad nature of sexuality as discussed in Circles of Sexuality. Examples of risk free activities include talking, touching, massaging, and dancing. Low-risk activities include, among others, deep kissing and using a condom during vaginal intercourse. For more information on the broad nature of sexuality, see the Peer Facilitators Resource #1 from the previous activity, Circles of Sexuality.

** *Adapted from Educator's Guide to HIV/AIDS and Other STDs* © 2000. Available from: Health Education Consultants, 1284 Manor Park, Lakewood OH 44107 or e-mail drssroka@aol.com.

Activity A

Condom Card Lineup

Objective:

- By the end of the session the participants will be able to use the correct words related to condoms and their use with comfort.

- The participants will be able to use as well as share information on correct use of condoms.

Materials:

A copy of the *18 Steps to Using a Condom* in Peer Facilitators Resource, large poster board cards, and markers

Time:

30 minutes

Planning Notes:

Get permission from relevant authorities where the program is being conducted before doing this exercise. If you do not receive clearance or permission, do not conduct this activity. If you decide that a condom demonstration is appropriate but you feel uncomfortable doing it, invite a speaker from a local agency to lead this session.

Write each step of condom use on a separate large card, one card for each step. There are 18 steps in all. If there are more cards than participants, omit steps seven through 13 to get the same number of cards as participants.

Procedure:

- Explain that you have prepared cards for all participants and that each card lists a different step in the process of using condoms.

- Mix the cards up and pass them out to participants. Ask them, as a group, to arrange themselves in order so that their cards give sequential steps in the process of using a condom correctly.

  [They may come to you for assistance, stating that there are repeated cards. Do not give them any assistance. Remind them to put themselves in order.]

- After the participants have established an order, have the entire group read through the steps. Everyone must become comfortable in saying words like condom, penis, erection, ejaculation, etc.

- Process the activity, using the discussion questions.

Discussion Questions:

1. Ask each participant, in order, to explain why he or she thinks his or her card belongs in that place. Then ask if there are other places in line that the card could be placed that would also be correct. Make appropriate correction where required.

2. What happened as the group worked?

3. Why were there cards saying lose erection and try again?

4. Was anyone uncomfortable saying some of these words out loud? Which words?

5. Why were people uncomfortable? Do they feel more comfortable now?

6. What kind of message is sent when educators are uncomfortable with words?

7. What steps are missing (e.g. use additional lubrication)?

Peer Facilitator's Resource Material:

18 Steps to Using a Condom

1. Discuss safer sex.
2. Buy latex condoms... check expiry date.
3. Open condom package. (Don't use teeth.)
4. When penis is erect ...
5. Squeeze tip of condom and place on head of penis.
6. Hold tip of condom and unroll until penis is completely covered.
7. Lose erection – remove condom.
8. Relax!
9. Try again.
10. Open condom package. (Don't use teeth.)
11. When penis is erect ...
12. Squeeze tip of condom and place on head of penis.
13. Hold tip of condom and unroll until penis is completely covered.
14. After ejaculation, while penis is still erect ...
15. Hold condom at base of penis.
16. Carefully remove condom without spilling any semen.
17. Wrap condom in tissue and throw away. (Don't flush condom down toilet.)
18. Relax! (This step can be placed at any point in the process, and multiple cards can be made for it.)

Activity B

Condom Relay

1. Ask for nine volunteers for a condom relay race. Give each person a condom and a banana
2. Divide the nine into three teams of three. Have them stand in three lines, three-each, facing the rest of the group.
3. Place one banana on the ground in front of each team.
4. At the signal, the first person from each team will run forward, extract the condom from the packet, fit condom correctly on the banana, remove it, tie it and run to the back of the team.
5. The second person then moves forward to do the same.
6. Then the third person does the same, bringing the relay to a finish.
7. Have the audience judge whether the condoms were fitted, removed and tied properly and which team won.

Activity A

Defining Sexual Abstinence

Objective:
To assist individuals to develop individual definitions of abstinence based on individual, family and community value systems.

Materials:
Board and markers

Time:
50 minutes

Planning notes:
Before the session begins, prepare chart papers listing the behaviors from *Defining Sexual Abstinence* from facilitator's resource.

Procedure:
On chart paper, write out SEXUAL ABSTINENCE.

- Brainstorm with the entire group for a definition of **sexual abstinence,** writing down ideas as they are expressed. Do not attempt to edit or to limit these ideas.
- Have the group count off to form small groups of three to six people, depending on group size. When the groups are formed, give each group five minutes to come up with its own definition of sexual abstinence.
- After five minutes, display the list of behaviors.
- Ask the small groups to work through the list of behaviors and decide (as a group) which behaviors are consistent with their group's definition of sexual abstinence. Say they will have 15 minutes to do this.
- Have each group report back its definition, what the group discussed, and which behaviors are consistent with its definition of abstinence.
- Explain that the purpose of the exercise is to help young people develop their own, individual definitions of sexual abstinence and be able to communicate that definition to a romantic or sexual partner.

Defining Sexual Abstinence

Which of the following behaviors are consistent with sexual abstinence?

- Kissing with mouth closed
- Hugging with hands on each other's back
- Open mouth kissing (French kissing)
- Mouth contact with partner's breasts
- Hands on one another's genitals
- Mutual masturbation
- Oral intercourse
- Anal intercourse
- Holding hands
- Flirting using the eyes only
- Touching each other's lower body with clothes on
- Hugging with hands on each other's buttocks
- Masturbation
- Reading/viewing erotica (anything that turns you on)
- Vaginal intercourse
- Cybersex

Peer Facilitator's Resource #2

A User's Guide to Sexual Abstinence

- Sexual abstinence means different things to different people.
- Sexuality and sexual feelings are normal. How we choose to express and not express those feelings is a personal decision. What is right for me may not be right for you.
- Sexual abstinence, like contraception, is only effective when it is used correctly and consistently.
- To be sexually abstinent is a decision that has to be made by each individual. Sexual abstinence cannot effectively be imposed on others.
- To have sexual intercourse or to be sexually abstinent is a decision that each individual makes repeatedly throughout life. In other words, to have sexual intercourse or to be sexually abstinent is not a permanent, one-time decision.
- Sexual abstinence requires planning, commitment, and skill in being assertive.
- Sexual abstinence is an option that can be used at any time.
- Knowledge of contraceptive options and how to protect oneself is helpful for when a person decides it is right for her/him to engage in sexual intercourse.
- At times, a person who intends to abstain from sexual intercourse is forced or pressured into unwanted sexual activity.

Activity B

Arguments for Abstinence

Objective:
Enable each participant to explore abstinence as a lifestyle choice.

Time:
25 minutes

Procedure :

- Share the objective of this exercise with the group.
- Ask participants to discuss in pairs the meaning of the word abstinence.
- Bring the group together and ask for the different meanings that came up. Try to reach consensus with the group on a working definition of abstinence.
- Ask those in the group who are in favor of abstinence to stand.
- Rearrange the seating arrangement in the group so participants who are in favor of abstinence are seated together, facing the others across the circle. Leave a gap between the two groups.
- Allow those who were not in favor of abstinence to have their say.
- After each person in that group has spoken, ask the pro-abstinence people to share their views. Ask those who are now practicing abstinence, or who have practiced it in the past, to share their experiences.
- Close by asking each person to say who was able to communicate a pro-abstinence position most effectively, and why.

Activity A

Assertive Communication

Objective:
To differentiate between assertive, aggressive, and passive communication behavior.

Materials:
Chart papers and markers, scrap paper, and pens/pencils

Time:
45 minutes

Planning notes:
In teaching youth to be assertive, educators also need to teach them to assess situations and consider their personal safety. In some situations, being assertive can be dangerous. For example, if someone has a weapon, has been drinking or taking drugs, or is extremely angry, being assertive may not be wise or safe.

When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Cultural attitudes regarding assertiveness will vary among the participants. Some youth will come from families in which they have been taught that speaking up for oneself is inappropriate and that refusing a request, especially from an adult male, is inappropriate.

While you do not want to encourage youth to communicate regularly in a way that could have unpleasant consequences for them in their cultural and family circles, all participants need to understand that there are certain situations in which assertive behavior will yield positive results. For example, youth benefit when they resist pressure from romantic partners or peers to have sexual intercourse, use alcohol or other drugs, join a gang, or fail in school. Not only do youth act positively in their own behalf in such circumstances, but also they will succeed in resisting pressure to do something they did not want to do or that was bad for them. Assertive, aggressive, and passive forms of communication are defined culturally and regionally.

Write three questions on chart paper for use in step 4:

1. How will Preema feel?
2. How will the two young women feel?
3. What is the worst possible outcome?

Procedure:
- Tell the group that one way to make communication more effective is to choose the appropriate kind of communication in difficult situations. Read the following scenario aloud:

- Preema has been standing in line for over two hours to buy a concert ticket. The rule is, one person, one ticket. Her feet are killing her now, and she knows that she is in trouble with her mom, who expected her home before now. But there are only five people left in front of her, and she is sure that she will get a ticket. Out of nowhere, two young women from college walk up, make a big deal about meeting up with their friend who just happens to be standing in front of Preema, and take places in line in front of her. What do you think Preema should do?

- Have participants write one sentence describing what Preema should do in this situation.
- Allow about three minutes, then ask participants to form three groups based on the following criteria:

  Group 1: All who wrote something that reflects a belief that Preema should stand there and not say anything to the two young women, move to this end of the room.

  Group 2: All who wrote something that reflects a belief that Preema should feel angry and express that anger directly and loudly to the two young women, please move to that end of the room.

  Group 3: All who wrote something that reflects a belief that Preema should speak up and calmly tell the two young women to go to the back of the line, form a group in the middle.
- Once the three groups have formed, display the three questions you have prepared and go over instructions for the remainder of the activity.

Ask each group to discuss the answers to the following questions:

A. How will Preema feel after making the response that you chose?

B. How do you think the two young women who butted in line will feel if Prema responds as you thought she should?

C. What is the worst thing as well as the best thing that could happen if Preema responds like you wanted her to do?
(Note: if there is only one person standing in a position, join that person to form a group and discuss the questions with her or him.)

- Allow five minutes for discussion, then ask everyone to return to the large group.
- Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on board or newsprint.
- Write the terms Assertive, Aggressive, and Passive on the board. Ask the group to match each term to the list of outcomes for the responses.
- Review Preema's choices for action one more time and illustrate why assertiveness is usually the best solution for a situation like this.

Passive response:
Communicating passively means not expressing your own needs and feelings, or expressing them so weakly that they are not heard and will not be addressed.

If Preema behaves passively, by standing in line and not saying anything, she will probably feel angry with the young women and with herself for not saying anything. If the ticket office runs out of tickets before she gets to the head of the line, she will be furious and might blow up at the young women after its too late to change the situation.

A passive response is not usually in your best interest, because it allows other people to violate your rights. Yet there are times when being passive are the most appropriate response. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.

Aggressive response: Communicating aggressively means asking for what you want and saying how you feel offensively – in a threatening, sarcastic, humiliating way.

If Prema calls the young women names or threatens them, she may feel strong for a moment, but there is no guarantee that she will get the young women to leave. More importantly, the young women and their friend may also respond aggressively through a verbal or physical attack on Preema.

An aggressive response is not usually in your best interest, because it often causes hostility and leads to increased conflict.

Assertive response: Communicating assertively means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's safety or well-being or put the other person down.

If Preema tells the young women that they need to go to the end of the line because other people have been waiting, she will not put the young women down, but merely state the facts of the situation. She can feel proud for standing up for her rights. At the same time, other people in line will probably support her statement. While there is a good chance that the young women will feel embarrassed and move, there is also a chance that they will ignore Preema, and her needs will not be met.

An assertive response is almost always in your best interest, since it is your best chance of getting what you want without offending the other person(s). However, being assertive can be inappropriate at times. If tempers are high, if people have been using alcohol or other drugs, if people have weapons or if you are in an unsafe place, being assertive may not be the safest choice.

Discussion Questions:

1. What are some ways that Preema could have let the young women know how she felt without being directly aggressive or assertive? (Possible answers include but are not limited to: talking sarcastically under her breath; using body language that communicates her disgust and frustration; telling the person behind her how stupid the young women were, but loudly enough so that they could overhear and so on. Behaviors like these are called passive aggressive behaviors. They are aggressive, but indirect. They do not necessarily get you what you want and they often make the other person(s) angry.)

2. Can you think of circumstances where passive communication may be in your best interest, even though your needs may not be met?

3. Have you behaved aggressively in a situation? How did it work out? How would things have been different if you had chosen an assertive response?

4. Have you behaved assertively in a situation? How did it work out? What would a passive response have been in that situation? An aggressive response?

5. When is it easier, and when is it more difficult, to be assertive? Give examples.

6. Is there a current situation where you need to act assertively and have not yet done so? What will you do?

7. Does communicating assertively always guarantee that you will get your needs and/or wants met?

(Possible answer: No line of communication will always get you what you want or need, but communicating assertively does guarantee that you will feel proud of standing up for yourself.)

Activity A

Have You Weighed Your Options?

Objective:
To allow participants to evaluate the reasons why a teenager would or would not choose to have sexual intercourse or use drugs, including alcohol.

Materials:
Chart paper and markers, tape, and a copy of the Peer Facilitator's Resource, *Have You weighed Your Options?*

Time:
60 minutes

Procedure:
Introduce this activity by pointing out that failure to make healthy decisions about sexual intercourse and/or drug use (including alcohol) is one of the reasons why young people can be infected with HIV or other STIs and/or experience an unplanned pregnancy. In order to work effectively as peer leaders and educators, youth need to understand why young people have unprotected sexual intercourse and why they experiment with drugs, including alcohol. It also important for the youth to evaluate their own behaviors, since they will be role models for other youth.

- Tape up four different newsprint sheets with "*Yes to Sexual Intercourse*", "*No to Sexual Intercourse,*" "*Yes to Drugs*", and "*No to Drugs*".
- Split the group into four teams and assign to each subgroup one of the sheets of chart paper. Have each group brainstorm and write down reasons why a young person would make the decision listed there.
- After five minutes have the teams rotate to newsprint. Repeat until each team has been to all four pieces of chart paper.
- After each team has worked with all four sheets, ask everyone to reassemble as one group.
- Ask the youth to evaluate the lists.

Is the reason a good one or a poor one? How do they know?

Is the decision the result of a problem or situation? How do these reasons affect what type of educational approach the group will take to try to influence the decisions that their friends make?

- If you think that the participants have overlooked an important reason, ask them at this time if they think youth might have that reason for choosing a particular option. If they agree, add it to the list.
- Process the activity using the Discussion Questions below.

Discussion Questions:

1. Do pressures influence our decisions to have or not to have sexual intercourse? What are they? (Possible answers might include but are not limited to: sex drive, media messages, wanting to be grown up, little information from parents and other adults about sex, curiosity, lack of assertiveness skills, wanting intimacy and closeness, desire to express love.)

2. Do pressures influence our decisions to use drugs and alcohol? What are they? (Possible answers include but are not limited to: the need to fit in, curiosity, escapism, addiction, like the taste, like the feeling.)

3. Is it difficult to stick to a decision not to have sexual intercourse at this time or not to use drugs? What can someone do to support that decision?

4. If a person decides to have sexual intercourse, what does he/she need to know/do in order to be responsible?

5. Is responsible drug use a possibility? How can you tell if a friend is just having a good time or is really dependent upon a drug?

Peer Facilitator's Resource

Have You Weighed Your Options?

Why Some Youth Have Sexual Intercourse	Why Some Youth Don't Have Sexual Intercourse
1. Pressure from peers	1. Violates religious beliefs
2. To communicate warm, loving feelings	2. Violates personal beliefs
3. To keep from being lonely	3. Not ready
4. To get affection and experience closeness	4. Risk of pregnancy
5. To show independence and adulthood	5. Risk of STI
6. To hold on to a relationship	6. Don't want to jeopardize goals
7. To satisfy curiosity	7. Relationship with parents
8. Pressure from partner	8. Not in love
9. To have fun and experience pleasure	9. Not interested

Why Some Youth Experiment with Drugs	Why Some Youth Don't Experiment with Drugs
1. Pressure from peers	1. Violates religious beliefs
2. Stress	2. Violates personal beliefs
3. Loneliness	3. No desire for them.
4. To feel comfortable socially	4. Risk of losing control
5. To show independence and adulthood	5. Witnessed addiction and thus turned off.
6. To hold on to a relationship	6. Family member has problem with drugs.
7. To escape from difficult situations	7. Doesn't want to jeopardize goals
8. To satisfy curiosity	8. Relationship with parents
9. Like the taste	9. Not interested
10. Like the feeling of being high	10. Illegal can get them into trouble.

** Note: The lists of possible answers are not exhaustive or meant to exclude other ideas. These are just some of the reasons that the youth may suggest.

Activity A

Role-Plays

Objective:

To provide youth with the opportunity to practice communicating about HIV/STI prevention and to practice skills related to resisting peer pressure and making decisions.

Materials:

A copy of the Peer Facilitator's Resource, *Practice Role-Plays*

Time:

60 minutes

Planning Notes:

Review the *Practice Role-Plays* in Peer Facilitator's Resource. Alter any or all of the role plays so they will fit the experiences and needs of members. Make sure that the role-plays are appropriate to the cultures, language (including slang), and environment of youth in your group.

You might also consider changing the names of the characters to work better with the young people involved in your program.

Procedure:

- Explain that role-playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking, and acting like someone else. Role-playing helps the players to increase their empathy for others and allows the audience to observe how people actually deal with difficult situations.

- Ask for volunteers from the group to play the roles in the scenarios. Give the role-play situations to the volunteers. Tell the volunteers that the role-plays must end with positive and realistic behavior for protection against HIV. Allow them about 10 minutes to read over the situation, assume their roles, and work out the role-play. Visit with each group and discuss their ideas for the role-play. Help them with the ideas if necessary.

- Ask the first group to act out their situation for a few minutes. Then use the discussion questions to go over that role-play with the entire group. Repeat this procedure for all of the assigned role-play situations, discussing the points that follow this section, as appropriate, after each scenario. Or, you may conduct some discussions where all the young women answer the questions while the young men listen and then all the young men answer while the young women listen. This is a good way for each gender to hear the others' point of view.

General Discussion Questions:

To be answered between each role-play:

1. How do the characters in this role-play feel about themselves? Which characters are more likable?
2. Is there another way that the situation could have been handled?
3. Who is being affected by the decisions in the role-play? Was everyone considered as the character made the decision?

To be answered after all of the role-plays are finished:

1. Which of the situations were the easiest? The most difficult?

2. How would it be to deal with these situations in real life?

3. What skills or information do you need in order to protect yourself against HIV/STI?

How could you practice those skills?

Optional Activities:

- Ask participants to comment on nonverbal as well as verbal messages.
- More than one group can be assigned the same role-play. Then after each one has been performed, the discussion can focus on the dilemmas, options chosen, and different outcomes.

Peer Facilitator's Resource

Practice Role-Plays

Role-Play 1: One Male Actor and One Female Actor

Scene Anju, age 17, and Naresh, age 17, have been dating each other exclusively for four months. Neither of them has had sexual intercourse, although they are both beginning to think about it. Naresh has been getting a lot of pressure from his friends to do it and begins to try to talk Anju into having sexual intercourse, but she hasn't made up her mind yet. There has been no discussion about condoms, but Anju doesn't want to get pregnant and knows that if they do have sex, they should use something. They are at Naresh's house, and his parents are out. Naresh offers Anju a drink from his parents' whiskey supply. He has plans for the evening. They're sitting on the couch when Naresh gets up to mix two drinks and ...

Discussion Questions:

1. What influenced Anju's decision about whether or not to have sexual intercourse?

2. Do you think alcohol use influenced her decision?

3. Why did Naresh pressure her? Do you think he cares about her?

4. If a friend was in a similar situation as Naresh, what advice would you give him? What advice would you give Anju? How would you discuss STIs, HIV, and pregnancy?

Role-Play 2: One Male and One Female Actor

Scene Priya decides to talk to Rishabh about using condoms. They are on their way back from a rock concert and are talking about their relationship. Priya decides that now is the time to bring up the issue of condoms ...

Discussion Questions:

1. How did Priya feel about bringing up the subject of condoms?
2. How did Rishabh feel about her bringing up the subject?
3. How will this affect the future of their relationship?
4. What are Rishabhs' responsibilities towards Priya? And what are Priya's responsibilities towards Rishabh?
5. Describe times or ways that might make the discussion easier.
6. What are Priya's choices if Rishabh refuses to use condoms?

Role-Play 3: One Male and One Female Actor

Scene Ben has recently learned he is sero positive for HIV. He goes to a party where he is attracted to Rekha. The attraction is mutual, and Rekha asks Ben if they can kiss.

Discussion Questions:

1. What should Ben do?
2. What would it be like to tell someone you are sero positive for HIV?
3. What activities could Ben and Rekha can safely engage in?
4. Would it make a difference if Rekha were male?

Activity A

Human Rights Issues in HIV and AIDS Peer Education

Objectives:

- To identify the human rights of people living with HIV and AIDS (PLHAs).
- To recognize their roles in upholding the human rights of PLHAs and educating others to do the same.

Time:

45 minutes

Materials:

Four case study guidelines for analysis, flip chart and markers

Procedure:

- Present the session topic.
- Ask participants to define or explain the term "human rights."
- Note their responses and clarify as follows:
  - Human rights are certain things people should enjoy because they are human beings. They are universal in nature.
  - Human rights are the benefits that people should enjoy no matter who they are, where they are from or what they have. Rights cannot be divided and thus they are indivisible and intersectional i.e. peoples identities have a certain influence in their access to rights.
- Lead participants to identify some human rights

  They could include:

  a. The right to live
  b. The right to shelter
  c. The right to employment or a means of a livelihood
  d. The right to education
  e. The right to healthy living
  f. The right to have protected sexual intercourse
  g. The right to marry
  h. The right to family life
  i. The right to dignity
  j. The right to body integrity and safety
  k. The right to seek redress in court if maltreated because of sero status.

l. The right to participate in economic activities, including obtaining a loan to set up a project (socio-economic support)

m. The right to health care without discrimination

n. The right to freedom of worship

o. The right to vote and be voted for

p. The right to freedom of speech

- Ask participants if people in the community are aware of these human rights and if they uphold them. Note their responses.
- Inform participants that people who are weak, poor or disadvantaged in any way often have their human rights infringed upon or abused more often than others. People living with HIV and AIDS often have their human rights abused.
- Form participants into four groups. Distribute the case studies to each group.
- Participants should analyze the cases by answering the questions in the case studies.
- Have participants present in plenary the results of their analysis.
- Lead a discussion on the roles and responsibilities of a peer educator in upholding PLHA human rights and in advocating for others to do the same.

Planning Note

Case Studies:

- Bala, a factory worker, was forcefully ejected by his landlord after he was found to be HIV positive, despite having paid six months rent in advance.
- Angela has been taking earn leave from office frequently as a result of her failing health. Her employer suspects that she might have been infected with HIV. Angela is now given an ultimatum to go for HIV testing or lose her job.
- Vinod and Meena have been married for ten years with children. Meena tested positive for HIV and told her husband about it. The husband's family forcefully ejects her out of her matrimonial home and takes the children to an unknown place.
- Bindu has been admitted to a general hospital with a twin pregnancy. On discovering that Bindu is HIV positive, the doctors and nurses start discriminating against her. During her labor, the hospital authorities gave excuses to discharge her, forcing her to go home for her delivery.

Questions:

1. Identify the human rights infringements in each case.
2. What could be the causes behind the infringement of these rights? Are the causes justified?
2. What do you think would be the impact of this violation on the affected people?
2. What steps can you as a peer educator take to affirm the PLHA's human rights?
3. What other issues can result from not upholding the rights of these individuals?




ANNEXURES

Annexure 1

Common Arguments against Implementing Sexuality and HIV/AIDS education and Suggested Responses

In order to advocate effectively for **"Peer Facilitator Resource Guide on HIV/AIDS Awareness"** program, planners must be able to anticipate and respond to objections. Commonly heard objections and possible responses are listed here.

Objection 1 – Sexuality education encourages sexual experimentation among youth.

Response – Research does not support this commonly heard and hotly argued point. Sex is a fundamental need and sexual experimentation will happen with or without sex education. The fact that sex and sexuality are not discussed openly and correctly in India does not mean that people do not have sex. Research has proven that a person who is aware and informed about sex is less likely to indulge in risky behavior. Education and knowledge empowers people with the option to make informed choices.

Objection 2 – Adolescents are not at risk for developing AIDS. It's a disease of adults.

Response – It is true that only a small percentage of AIDS cases occur among adolescents. However, the real danger to adolescents is infection with HIV, the virus that attacks the immune system and eventually causes AIDS. The lengthy period between HIV infection and onset of AIDS – as much as 10 years – means that many of the young people in their twenties who are living with AIDS were probably infected with HIV when they were youth.

Objection 3 – We know it all. Therefore; we have no need for this program.

Response – The majority of adolescents receive some form of sexuality education from various sources, yet very few receive comprehensive sexuality education, which is proven to be more effective. Students need to learn HIV/STI prevention education within a larger context that includes making decisions, setting goals, and exploring values and gender roles. Students also need factual information about reproduction, physiology, contraception, and sexually transmitted infections. They cannot get this in one, two, or a few hours.

The training guide will provide the larger context and provides ongoing reinforcement of important HIV/STI prevention skills and information.

Objection 4 – Sexuality education and HIV/STI prevention education do not change behavior. They are not effective. Why bother to implement another program that will have no impact?

Response – Sexuality education programs that are comprehensive and that incorporate interactive exercises have been shown to be successful in changing sexual risk behaviors. Through our past experience of running the peer facilitation program we have found that our training increased the participant's knowledge on the issue of HIV/ AIDS and increased their sensitivity toward persons living with HIV.

Our program alerts youth to their need to protect themselves from HIV/STI. Anyone – of any age, sex, race/ethnicity, or sexual orientation – can become infected. Promoting healthy behavior among youth begins with changing youth's attitudes – that is our primary goal. Helping youth understand that they are vulnerable to HIV/STI is a significant first step in preventing HIV/STI.

Objections 5 – Youth are not interested in HIV or other STI, nor do they care about their peers.

Response – Youth care. They care a great deal, and they are interested. However, youth generate the most excitement and energy about a program that meaningfully involves them – not just as audience, but as designers, creators, managers, and performing artists.

Objection 6 – Youth will not listen to other youth because they have no authority.

Response – Some youth may initially think, "Why should I listen to you? You don't know any more than I do." But when youth have been trained in HIV/STI prevention and in public speaking, other youth listen. Confident youth quickly gain respect and attention when they speak directly to other youth and give them correct information. Youth gain more from HIV/STI prevention education that is peer-led than from education led by adults.

Annexure 2

An Explanation of the Circles of Sexuality

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviors associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1 – Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways.

- **Body image** – Feeling attractive and proud of one's own body and the way it functions influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray or does not positively portray physical characteristics the youth see in the mirror, such as color of skin, type or hair, shape of eyes, height, or body shape.

- **Experiencing pleasure and release from sexual tension** – Sensuality allows a person to experience pleasure when certain parts of the body are touched and as the culmination of the sexual response cycles with a partner. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.

- **Satisfying skin hunger** – The need to be touched and held by others in loving, caring ways is often referred to as *skin hunger*. Adolescents typically receive considerably less touch from their parents than do younger children. Many young adults satisfy their *skin hunger* through close physical contact with peers. Sexual intercourse may sometimes result from a young adults need to be held, rather than from sexual desire.

- **Feeling physical attraction for another person** – The center of sensuality and attraction to others is not in the genitals (despite all the jokes). The center of sensuality and attraction to others is in the brain, humans' most important "sex organ." The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.

- **Fantasy** – The brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2 – Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include

- **Sharing** – Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.

- **Caring** – Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.

- **Liking or loving another person** – Having emotional attachment or connection to others is a manifestation of intimacy.

- **Emotional risk-taking** – To have true intimacy with others, a person must open up, trust and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her/him.

- **Vulnerability** – To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable – the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability, on the part of each person in the relationship.

Circle #3 – Sexual Identity

Sexual identity is a person's understanding, of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three "interlocking pieces" that, together, affect how each person sees him/herself. Each "piece" is important.

- **Gender identity** – Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometimes, a person's biological gender is not the same as his/her gender identity – this is called being transgender.

- **Gender role** – Identifying actions and/or behaviors for each gender. Some things are determined by the way male and female bodies are built or function and these are biologically determined and have nothing to do with gender roles. For example, only women menstruate and only men produce sperm. However gender roles are culturally determined.

There are many "social expectations" about what men and women can/should do that have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand since peer, parent, and cultural pressures to be "masculine" or "feminine" increase during the adolescent years. Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

Gender bias means holding stereotyped opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that men suffer from "testosterone poisoning," that men cannot raise children without the help of women, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

- **Sexual orientation** – Whether a person's primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality) defines his/her sexual orientation. Sexual orientation begins to emerge by adolescence although many gay and lesbian youth say they knew they felt same sex attraction by age 10 or 11. Between three and 10 percent of the general population is probably exclusively homosexual in orientation. Perhaps another 10 percent of the general population is exclusively heterosexual the other 80% fall in a range of category of bisexuality with preference for one or the other.

Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behavior, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same-gender people are normal for adolscents and are not necessarily related to sexual orientation.

Circle #4 Reproduction and Sexual Health

These are a person's capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy and enjoyable.

- **Factual information about reproduction** is necessary so youth will understand how male and female reproductive systems function and how conception and/or STI occur. Youth often have inadequate information about their own and/or their partner's body. Youth need this information so they can make informed decisions about sexual expression and protect their health. Youth need to understand anatomy and physiology because every adolescent needs the knowledge and understanding to help him/her appreciate the ways in which his/her body functions.

- **Feelings and attitudes** is wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STI, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.

- **Sexual intercourse** is one of the most common behaviors among humans. Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy and/or STI. In programs for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate information about three types of sexual intercourse – vaginal, oral, and anal intercourse.

- **Reproductive and sexual anatomy** – The male and female body and the ways in which they actually function is a part of sexual health. Youth can learn to protect their reproductive and sexual health. This means that youth need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STI. Even if youth are not currently engaging in sexual intercourse, they probably will do so at some point in the future. They must know how to prevent pregnancy and/or disease.

Finally, youth also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STIs. The leader will need to determine what those traditional methods are, their effectiveness, and their side effects before he/she can discuss traditional methods of contraception in a culturally appropriate and informative way.

- **Sexual reproduction** – The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction – the process whereby two different individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent.

Circle #5 - Sexualization

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the "shadowy" side of human sexuality, sexualization spans behaviors that range from the relatively harmless to the sadistically violent, cruel, and criminal. These sexual behaviors include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, and rape. Youth need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

- **Flirting** – Is a relatively harmless sexualization behavior. Nevertheless, it is usually an attempt to manipulate someone else, and it can cause the person manipulated to feel hurt, humiliation, and shame.

- **Seduction** – Is a more harmful behavior. It always implies manipulating someone else, usually so that other person will have sexual intercourse with the seducer. The seducer is using the person seduced for his/her own sexual gratification.

- **Sexual harassment** – Is an illegal behavior. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone's appearance, especially characteristics associated with sexual maturity, such as the size of a woman's breasts or of a man's testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone's bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in exchange for marks, promotion, hiring, raises, etc. All these behaviors are manipulative. The law In India provides protection against sexual harassment. Youth should know that they the right to file a complaint with appropriate authorities if they are sexually harassed and that others may complain of their behavior if they sexually harass someone else.

- **Rape** – Means coercing or forcing someone else to have genital contact with another. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Youth need to know that rape is always illegal and always cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.

- **Incest with a minor** – forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Incest with a minor is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child/youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors of incest.

Sexual Development through the Life Cycle

Many people cannot imagine that everyone – babies, children, youth, adults, and the elderly – are sexual beings. Some believe that sexual activity is reserved for early and middle adulthood. Adolescents often feel that adults are too old for sexual intercourse. Sexuality, though, is much more than sexual intercourse and humans are sexual beings throughout life.

- **Sexuality in infants and toddlers** – Children are sexual even before birth. Males can have erections while still in the uterus, and some boys are born with an erection. Infants touch and rub their genitals because it provides pleasure. Little boys and girls can experience orgasm from masturbation although boys will not ejaculate until puberty. By about age two, children know their own gender. They are aware of differences in the genitals of males and females and in how males and females urinate.

- **Sexuality in children ages three to seven** – Preschool children are interested in everything about their world, including sexuality. They may practice urinating in different positions. They are highly affectionate and enjoy hugging other children and adults. They begin to be more social and may imitate adult social and sexual behaviors, such as holding hands and kissing. Many young children play "doctor" during this stage, looking at other children's genitals and showing theirs. This is normal curiosity. By age five or six, most children become more modest and private about dressing and bathing. Children of this age are aware of marriage and understand living together, based on their family experience. They may role-play about being married or having a partner while they "play house." Most young children talk about marrying and/or living with a person they love when they get older. School-age children may play sexual games with friends of their same sex, touching each other's genitals and/or masturbating together.

  Most sex play at this age happens because of curiosity..

Adapted from *Life Planning Education*. Washington, DC: Advocates for Youth, © 1995.

- **Sexuality in preadolescent youth ages 8 to 12** – Puberty, the time when the body matures, begins between the ages of 9 and 12 for most children. Girls begin to grow breast buds and pubic hair as early as 9 or 10. Boys' development of penis and testicles usually begins between 10 and 11. Children become more self-conscious about their bodies at this age and often feel uncomfortable undressing in front of others, even a same-sex parent.

  Masturbation increases during these years. Preadolescent boys and girls do not usually have much sexual experience, but they often have many questions. They usually have heard about sexual intercourse, petting, oral sex, and anal sex, homosexuality, rape and incest, and they want to know more about all these things. The idea of actually having sexual intercourse, however, is unpleasant to most preadolescent boys and girls. Same-gender sexual behavior is common at this age. Boys and girls tend to play with friends of the same gender and are likely to explore sexuality with them. Masturbating together and looking at or caressing each other's genitals is common among preadolescent boys and girls. Such same-gender sexual behavior is unrelated to a child's sexual orientation. Some group dating occurs at this age. By age 12 or 13, some young adolescents may pair off and begin dating.

- **Sexuality in adolescent youth (ages 13 to 19)** – Once youth have reached puberty and beyond, they experience increased interest in romantic and sexual relationships and in genital sex behaviors. As youth mature, they experience strong emotional attachments to romantic partners and find it natural to express their feelings within sexual relationships. There is no way to predict how a particular teenager will act sexually. Overall, most adolescents explore relationships with one another, fall in and out of love, and participate in sexual intercourse before the age of 20.

- **Adult sexuality** – Adult sexual behaviors are extremely varied and, in most cases, remain part of an adult's life until death. At around age 50, women experience menopause, which affects their sexuality in that their ovaries no longer release eggs and their bodies no longer produce estrogen. They may experience several physical changes. Vaginal walls become thinner and vaginal intercourse may be painful as there is less vaginal lubrication and the entrance to the vagina becomes smaller. Many women use estrogen replacement therapy to relieve physical and emotional side effects of menopause. Use of vaginal lubricants can also make vaginal intercourse easier. Most women are able to have pleasurable sexual intercourse and to experience orgasm for their entire lives. Adult men also experience some changes in their sexuality, but not at such a predictable time as with menopause in women. Men's testicles slow testosterone production after age 25 or so. Erections may occur more slowly once testosterone production slows. Men also become less able to have another erection after an orgasm and may take up to 24 hours to achieve and sustain another erection. The amount of semen released during ejaculation also decreases, but men are capable of fathering a baby even when they are in their 80's and 90's. Some older men develop an enlarged or cancerous prostate gland. If the doctors deem it necessary to remove the prostate gland, a man's ability to have an erection or an orgasm is normally unaffected. Recently, Viagra has become available to help older men achieve and maintain erections. Although adult men and women go through some sexual changes as they age, they do not lose their desire or their ability for sexual expression. Even among the very old, the need for touch and intimacy remains, although the desire and ability to have sexual intercourse may lessen.

Annexure 3

Know HIV/AIDS Better

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. AIDS is an acquired condition of deficit immunity or weakened defence system of our body caused by HIV or human immunodeficiency virus. This means AIDS itself is not a single disease. It is a condition in which the infected person is vulnerable and is incapable of fighting both common and serious infections. There are basically four different types of illnesses that people may suffer when they have AIDS – cancers, fungal infections, pneumonia, and viral infections.

What is the difference between HIV and AIDS?

The virus that causes AIDS is called human immunodeficiency virus (HIV). People who are infected with this virus may have no symptoms and not be sick, yet they can still infect others through having unprotected sexual intercourse or by sharing needles. HIV infects and weakens people, making them very ill and unable to fight off other infections. AIDS is a group of illnesses acquired when our immune system is unable to defend against infections. People who become infected with HIV will eventually develop AIDS. This can take as long as 10 years or more. Without anti-retroviral therapy, some people develop AIDS in as few as two or three years or less. AIDS is the terminal stage of infection by the HIV virus.

How does one become infected with HIV?

You can become infected if the blood, semen, or vaginal fluid of someone who has HIV enters your body. The main things that people do that put them at risk of getting HIV are:

- Having sex (including oral and anal sex) with a person who has HIV without using a condom correctly every time you have sex.
- Using needles for intravenous drug use that are contaminated with HIV.
- Body piercing or tattooing or being cut with needles, razors, or other sharp objects that have not been sterilized and are contaminated with HIV.
- Blood transfusions during operations or medical emergencies.
- In addition, children can be infected in the womb, during childbirth, or during breastfeeding if their mothers have HIV.

Why target adolescents?

While reported cases of AIDS among teenagers are less than one percent of all reported cases of AIDS, considerably more than one percent of youth are infected with HIV. Approximately 17 percent of all reported cases of AIDS occur in people who are ages 20 to 29. Since the time between infection with HIV to the development of AIDS is as much as 10 years, many of these youth were infected during their adolescents years. While some adolescents are HIV infected, too many are not protecting themselves from infection with HIV and other STIs. Among adolescents who are engaging in sexual intercourse, relatively few use any type of contraceptive consistently, and – among those who use contraception – even fewer use condoms.

Can I get HIV through casual contact with infected people?

No. It is not possible to be infected by going to the same restaurant, using the same toilet, drinking from the same glass, or doing anything that does not involve blood, semen, or vaginal fluids from an infected person entering your body.

- Kissing an infected person cannot transmit HIV unless the infected person's blood mixes with your blood, as through open cuts or sores.
- You cannot get HIV infection from a toilet, public/private, clean or dirty. The HIV virus does not survive outside bodily fluids or in open for long. The virus dies with in 2-6 minutes.

Can I get HIV from the bite of a mosquito or other type of insect?

Mosquitoes spread malaria not HIV. Mosquitoes and other insects like lice, ticks; bed bugs do not spread the AIDS virus. They do not inject blood, they suck blood out and when they fly off they do so to digest their meal and not inject it to another person. Most importantly, the HIV virus does not survive within an insect's body.

Can donating blood put one at risk of HIV infection?

When one donates blood, blood is removed from ones body and not injected into it. Remember that HIV cannot infect one unless infected blood enters one's body. Please do donate blood but make sure to insist on disposable/ sterilized needles while doing so.

Can you tell by looking at someone if they have HIV?

No, a person with HIV looks no different from other people. There are no visible signs of HIV infection. In fact people infected with HIV can lead healthy lives and also feel and look healthy for a long time. However the infected person can pass on the virus to others through unprotected sex, donating blood etc. You can tell if a person is infected only by testing a blood sample for HIV anti bodies. People living with HIV can develop health problems, but so can others who do not have HIV.

Is there a vaccine or medicines that can protect me from HIV/AIDS?

AIDS is a terminal disease and till now there has been no cure for it. Research is underway but so far the medical fraternity has not developed a vaccine against HIV. Currently, Allopathic medicines like AZT used in combination with other drugs form the main treatment. Early diagnosis and effective treatment of opportunistic infections also helps to keep HIV in check and in prolonging life expectancy. People with HIV have also found Homeopathy and Ayurveda helpful in managing their illness.

Is there any 100% effective way to protect myself from HIV/AIDS?

Yes. You can avoid HIV infection if you:

- Abstain from sex entirely, or you and your partner have sex only with each other and are certain that neither of you is infected with HIV. (The only way to be sure that you and your partner are free of HIV is to get tested for HIV together and to see the results together.)
- Practice safe sex through correct and consistent use of condoms.
- Insist on HIV free blood.
- Insist on disposable needles and syringes
- Do not have body piercing or tattooing or get cut with needles, razors, or other sharp objects that others may have used and have not been sterilized since.

When and why should I use a condom?

Almost 85% of all HIV infections are through unprotected sexual intercourse. Also remember that even one unprotected sexual encounter with an infected person can put you at risk of HIV infection. If you are not sure about your sexual partner's status, you should always use a condom.

Do condoms protect against HIV infection?

Yes. Using either male or female condoms correctly in every sexual act, including the first time you have sex, protects against HIV infection as well as other STDs. Another benefit of condoms is that they also prevent pregnancy. Using good quality condoms every time is very important. So is using condoms correctly, so that they do not break or slip off during sex. Many people do not use condoms consistently or correctly and thus risk HIV infection.

If a sex partner wants to use a condom, does that mean the person has HIV or thinks the other person does?

No. Many people use condoms because it is a safer way to have sex. In fact, the condom is the only contraceptive method that provides dual protection—that is, it protects both against STDs & HIV infection and also against pregnancy. Some people prefer to use a condom to avoid risk of HIV along with another contraceptive method for added protection against pregnancy.

What happens if I have HIV/AIDS and have unprotected sex or inject drugs with another person who has HIV/AIDS?

The two of you will still have HIV/AIDS. Your health may worsen, in fact, because each of you is giving the other more of the virus. This is called re-infection.

How can I be sure that I do not have HIV?

You can be tested for HIV. An HIV test detects antibodies to HIV, which the body produces when virus or bacteria infect it. It usually takes three to six months after exposure to HIV for a test to detect these antibodies. Several kinds of HIV tests are available at health clinics and other facilities. The most common tests require a sample of blood, urine, or inner cheek cells. You may have to wait several days or weeks for your test result, although newer tests can give the results within minutes. An HIV test should also include a counseling session with a health professional before and afterwards to help you understand the test and its results and to answer your questions.

When should I have an HIV test?

It is important to be tested if you currently engage in or have ever engaged in behavior that might expose you to HIV infection, such as having multiple partners, having sex without a condom or injecting drugs.

Some specific occasions for having an HIV test include:

- You are about to begin a sexual relationship with someone, and you both want to be sure that there is no risk for HIV infection.
- You and your partner plan to have a baby and want to be sure that the baby will not face risk of HIV infection from the mother during pregnancy, childbirth, or breastfeeding.
- You want to confirm your own HIV status because a sex partner or someone you shared needles with is seriously ill or has just died, and you suspect AIDS.

What are the possible results of an HIV test?

A test result can be HIV-negative, HIV-positive, or indeterminate. If you test HIV-negative, it probably means that you are not infected, but it could mean instead that you took the test too soon after exposure to HIV for the antibodies to have developed. If you test HIV-positive, it is almost certain that you are infected. The chances that an HIV-positive result is wrong are very low. An indeterminate test result means that it is not clear whether you have HIV or not. Then you have to take the test again. Also, whether you test HIV-negative or HIV-positive, you sometimes might be asked to take the test again to be sure of the result.

How often should I get tested?

How often you should get tested depends on your situation, so you should consult a health care provider for the specific answer. If you are engaging in behavior that could cause infection, it is important to be tested about every six months because you could get infected at any time.

Do I have to tell anybody what my HIV/AIDS status is?

Whether to tell anybody your HIV/AIDS status and whom you tell are decisions that only you can make. A counselor may be able to help you make the decision.

How can I cope with HIV/AIDS?

While testing HIV positive is a traumatic experience, it is important to learn to cope with it. Telling close friends and family members with whom one can share ones anxieties and fear is helpful. However, before you tell anyone, you need to feel emotionally stable about your HIV status. When you tell people, be prepared to deal with a range of reactions, from fear and anger to compassion and understanding.

You may want to consult an HIV counselor, health care worker and ask for suggestions or advice.

- You should follow a healthy lifestyle and eat nutritious, balanced meal.
- Responsible sexual behaviour is critical; remember even condoms if not used consistently and effectively are not 100% safe.
- A HIV positive woman should know the risks involved in getting pregnant.
- Financial planning for the future can also reduce stress

What is safer sex?

If you are not 100% sure of whether your sexual partner is infected with the HIV then you must take care that you use precaution.

Safer sex means making the risk of HIV infection as small as possible. It does not matter who you are having sex with, but what type of sex you have. Safer sex involves sexual practices that do not involve semen, blood or vaginal fluids entering another person's body. As long as these fluids do not enter another person's body there is no risk of HIV transmission. This means when having penetrative sex (either vaginal or anal) always use a condom or have non-penetrative sex like breast sex, thigh sex, etc.

Annexure 4

HIV/AIDS Vocabulary List

WORD Relevance to HIV/STI Prevention Education

AIDS Acquired immunodeficiency syndrome; a collection of illnesses which signal that one's immune system has been damaged or suppressed by HIV infection.

Antibody A specialized cell found in the blood that attacks and kills or attempts to kill a specific bacteria or virus.

Anus The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.

Asymptomatic Showing no outward sign of infection, not feeling sick.

AZT Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person infected with HIV and/or living with AIDS

Bisexual: Physical and romantic attraction to people of both genders.

Blood Blood can transmit HIV. The International Red Cross and other government blood banks, ensure that the blood used in hospitals and other medical situations is safe.

CD4 One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections (foreign bodies).

Clitoris The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.

Communication Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.

Condom Latex condoms, used consistently and correctly, can prevent the transmission of HIV.

Confidential testing Testing in which people must give a name but the information is kept secret (confidential).

ELISA test Enzyme-linked immunosorbent assay –a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test – a western blot.

Erection When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.

Fear People often fear people with AIDS because they don't understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.

HAART Highly active anti-retroviral therapy – aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.

Helper These cells play an important role in fighting infections by attacking and killing foreign bodies

t-lymphocytes (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.

Heterosexual Physical and romantic attraction to people of the opposite gender.

HIV Human immunodeficiency virus – the virus shown to cause AIDS.

HIV infection Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.

HIV negative HIV negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV positive (HIV+).

HIV positive HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies – white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).

Homosexual Physical and romantic attraction to people of the same gender.

Immune system A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.

Injection Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a **drug use** needle and syringe; using needles that have previously been used by other people can transmit HIV.

Kaposi's sarcoma a type of cancer once commonly found only in older men and now frequently seen in people infected with HIV.

Lubrication For greater comfort during sexual intercourse, latex condoms should be used with a water soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should **not** be used with latex condoms because oil destroys latex.

Marriage Waiting until marriage to have sexual intercourse is a value held by some people and some religions. But is it advisable for the "would be couple" to go for HIV test together before marriage and use condom correctly and consistently after marriage too.

Masturbation - gentle rubbing of the genitals by oneself or with another individual (mutual masturbation) – is one way to release sexual tension without having sexual intercourse.

Mother to child transmission: An HIV infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.

Nonoxynol-9 Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. N-9 should not be recommended as an effective means of HIV prevention.

Opportunistic Infections or cancers that normally occur only in someone who has a weakened immune system conditions due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi's sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.

Penis The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse.

Pill Oral contraception (the pill) is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV/STI.

PLWA (PLWH) Person living with AIDS, or person living with HIV.

Protease An enzyme that triggers the breakdown of proteins; HIV's protease allows the virus to multiply within the body.

Protease inhibitor a drug that binds to HIV protease and blocks it from working, preventing the production of new and functional viral particles.

Relationships In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.

Respect Having respect for one's romantic / sexual partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs.

Retrovirus The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus' genetic material becomes part of the cell.

Reverse transcriptase a viral enzyme that constructs DNA from an RNA template – an essential step in the life cycle of a retrovirus such as HIV.

Safer sex A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids. These sexual practices reduce the risk of contracting an STI/HIV infection and thus is referred as safer sex.

Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.

Seroconversion Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Sexual Abstinence from sexual intercourse – at this time and/or in this relationship – is the best way to protect oneself from sexual transmission of HIV.

Status Whether one is or is not infected with HIV or other STIs; awareness of whether one is infected with HIV and/or other STIs.

STD Sexually transmitted disease, another commonly used acronym for STI.

STI Sexually Transmitted Infections

Trust Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STI status may not always be safe. Trusting that sexual partners always know the truth about HIV/STI status is also not always safe.

Undetectable Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).

Vagina The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.

Victim The word victim (as in "AIDS victim" or "innocent victim") is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS.

Viral load The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.

Western blot A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.

Annexure 5

STI Facts: True or False?

1. **A person can always tell if she/he has an STI.**
   False. People can and do have STIs without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal. However, men infected with some STIs, such as chlamydia, also may have no symptoms. People infected with HIV, the virus that causes AIDS, generally have no symptoms for some time, even years, after infection.

2. **With appropriate medical treatment, all STIs, except HIV, can be cured.**
   False. Herpes and human papillomavirus (genital warts) are STIs caused by viruses. Neither can be cured at the present time.

3. **Condoms are the most effective safeguard against the spread of STIs.**
   False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best thing, but only complete sexual abstinence is 100 percent effective. Remember, however, that some STIs can be spread by sexual behaviors other than sexual intercourse when the infected area is exposed and touched. For example, if genital warts infect the groin area, infection can spread to a partner whose groin area comes into contact with the infected area. Or, if one person has herpes sores and a partner touches those sores, then touches his/her own mouth, eyes, groin, or anus, herpes can infect those areas on the previously uninfected partner.

4. **Using latex condoms will help prevent the spread of STIs.**
   True. Latex condoms can help prevent the spread of most STIs when the condoms are used correctly and consistently.

   Latex condoms are not 100 percent effective because

   - They break occasionally or come off during sexual intercourse.
   - Many people do not know how to use condoms correctly or know which lubricant to use.
   - Condoms will not protect against infection from genital warts that grow on areas of the genitalia and groin that are not covered by the condom.

5. **The organisms that cause STIs can only enter the body through a woman's vagina or a man's penis.**
   False. STI bacteria and STI viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and, in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared IV drug needles, or when an open wound comes into contact with infected blood.

6. **You cannot contract an STI by masturbating by yourself or by holding hands, talking, walking, or dancing with a partner.**
   True. STIs are only spread by close sexual contact with an infected person. Anyone can also be infected with HIV by sharing needles, use non sterile needles or with an infected person for injection drug use.

7. STIs are a new medical problem.

False. STIs have existed since people began recording their history. There is evidence of medical damage caused by STIs in ancient writings, art, and skeletal remains. Writers of the Old Testament, Egyptian writers from the time of the pharaohs, and the famous Greek physician Hippocrates all mention symptoms of diseases and suffering caused by what we know today to have been STIs. Researchers and physicians began to find cures for most STIs during the 20th century. However, some STIs, such as herpes and genital warts, still cannot be cured.

8. STIs can cause major health problems and some STIs may cause conditions that result in death.

True. HIV infection, which can be spread through sexual contact, injures the immune system until AIDS (acquired immunodeficiency syndrome) results. AIDS is fatal. Genital warts may be related to cervical cancer in women, which, if not treated, may become invasive and result in death. Genital herpes can blind and otherwise injure babies born when infected women have open herpes lesions. Some STIs, such as gonorrhea and chlamydia, can cause pelvic inflammatory disease (PID). If untreated, PID may cause sterility, heart disease, and/or death. Untreated syphilis can result in brain damage and death in infected people and, when infants are born to infected women, syphilis can cause severe retardation in the infants.

9. Only people who have vaginal, anal, or oral intercourse can be infected with an STI.

False. Infants can contract some STIs, such as HIV infection and herpes, during pregnancy and/or birth. Also, some STIs, as we have noted before, can be spread by close sexual contact that does not include vaginal, anal, or oral intercourse.

10. It does not hurt to delay STI testing and treatment after you think you have been infected.

False. Once an STI infects a person, it begins damaging his/her health. If someone waits weeks or months before getting tested and beginning treatment, his/her health may be permanently damaged. Treatment may be unable to reverse this damage. In addition, the infected person can spread a STI to sexual partners.

11. Even if a woman is using oral contraceptives, she and her sexual partner should use latex condoms or dental dams to protect against infection with STIs, including HIV.

True. Oral contraceptives do not protect against STI, so a condom or other barrier protection, such as a dental dam, is still necessary for protection against STIs, including HIV.

12. Washing the genitals immediately after having sexual intercourse may help prevent some STIs.

True. Personal cleanliness alone cannot prevent STIs, but washing away a partner's body fluids right after sexual intercourse may be somewhat helpful. Washing will not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

13. It is possible to get some STIs from kissing.

True. It is rare: but it is possible to be infected with syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Herpes can also be spread by kissing if a person has herpes lesions around the mouth.

15. Oral intercourse is a safe way to have sexual intercourse if you do not want to get a disease.

False. It is possible to be infected with HIV, gonorrhea, syphilis, and herpes from oral intercourse.

16. The most important thing to do if you suspect you have been infected by an STI is to inform your sexual partner(s).

False. The most important thing to do is to seek immediate testing and get treatment if the test results are positive (meaning you have an STI). Symptoms of an STI may never appear or may disappear after a short time, but the infection remains in the body. She/he can suffer serious physical damage and continue to infect others. Once an STI is confirmed and treatment is begun, the infected person or a health practitioner can inform sexual partners. In the meantime, it is important for the infected person to abstain from any sexual contact.

Annexure 6

Energizers

1. Body writing

The trainer asks the participants to write their names in the following ways:

Imagine a big white board in the air and write your name as big as possible using your finger, and as small as possible.

Repeat the instruction with the leg, head, eyeballs, etc moving on to shoulders, waist, etc.

2. Bunty and Babli

Ask the participants to stand in a circle.

Each person should select two different individuals from the group, one as Bunty and the other one as Babli.

The person should not disclose his/her Bunty and Babli to others.

When you say "go" each gets as close as they can to their Bunty and as far away as possible from their Babli.

3. Mapping

Draw and label or imagine a large map on the ground. Participants stand where they were born and then move progressively to where they had (as applicable) primary secondary and tertiary education and then where their careers have taken them, ending where they are now.

Tips and Options

Can be indoors or outdoors

If no map has been drawn, give north, south and the position of one or two big places. Tell people to adjust to those near them. This works perfectly well.

If a map is drawn, use chalk or cement, white powder on grass; tape on a road or on rocks or simply labels, stone or symbols for places. It is not necessary to make the map geographically exact. It is more important to allow enough space where people are most likely to cluster

There may be scope for reflection on what it can represent it is shown for example, few participants from poor to isolated areas or many from central sites.

4. Swatting mosquitoes

The trainer informs the group that the room is full of mosquitoes. They are all around us landing and biting. Swat them with your hands: in front, down by your ankles behind your head on your face, to the left, to the right, on your neighbor.

At the same time make noises and shout "got it"

5. Mirrors

The trainer asks the group to pair up.

One person is the actor, the other the mirror. The mirror does whatever the actor does, mirroring the action.

Continue for a couple of minutes and then reverse roles. Demonstrate with a partner to set an example with appropriate vigor.

6. Munna Bhai (or anyone else says.....)

The participants stand in a circle.

Give instruction to do different activities like jump up and down, touch toes , kneel down , turn around , stop, sit down, dance, etc.

The trick is participants only follow the instructions when you say "Munna Bhai says....." but not when you simply command.

Those who make a mistake drop out of the group.

7. All change positions who.....

Stand or sit on chairs in a circle with one person (yourself first) in the middle.

Say "All change positions who ....." and then add, for example :-

Are wearing something blue

Traveled more than a day to get here

Can speak two or more languages and so on .....

Each time one person will be left in the middle without finding a place and the person in the center then tries to get one of the seats.

He then says "All change positions who.....". And so on....

8. Racing around

All stand up in a circle

When a signal is given (a clap) everyone moves clockwise with the next signal (a clap) everyone moves anticlockwise. With every change in signal the pace becomes faster along with the change in direction.

9. Numbers

Stand in a circle.

Count in turn round the circle.

Anyone with a multiple of five clap hands instead of saying the number. Anyone with a multiple of seven or a number with a seven in it turns around once instead of saying the number.

Those who make a mistake drop out.

The numbers and the actions can be varied in many ways; for example less actively by saying a word instead of the number, or more actively by sitting on the ground.

10. Break the circle

Ask people to stand in a circle holding hands

A couple of volunteers are asked to come inside the circle.

The volunteers are prisoners and the circle represents the jail.

The prisoners have to break free from the circle using whatever means, they can jump, tickle, break free....

International Services Association-India
Post Box No. 4634
5/1, Benson Cross Road
Benson Town, BANGALORE - 560 046
Tel.: 91-80-23536299
Telefax : 91-80-23536633

DATE NAME SIGN

HANDOUT

Reporting Format

eer Educators Program on HIV/AIDS awareness:-

ate:

ession:

eer Facilitators Name:

umber of participants present:

enue:

riefly describe the training session or the education session?

bjective of the exercise:

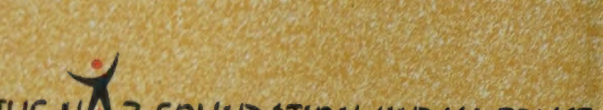
essions done:

Discussion points:

What worked? Why?

What needs to be revised to make it more successful?

Othe



Levi Strauss Foundation
1 Kim Seng Promenade
#16-01, GWC East Tower
Singapore - 237994
http://www.levistrauss.com

Breakthrough
A1/133, 2nd floor
Safdarjung Enclave
New Delhi - 110029. India
http://www.breakthrough.tv

NAZ Foundation (India) Trust
A-86, East of Kailash
New Delhi – 1100
Ind